

Title: Medical Formula and Food

Purpose

To provide medical formula and food for participants with special medical or dietary needs.

Authority

7 CFR 246.10; USDA WIC Policy Memorandum 2011-5

Policy

Issuance of Food Package III requires appropriate medical assessment and documentation.

I. Food Package III

- A. Medical formula includes all infant formulas which meet the requirements for an exempt infant formula under:
 - 1. Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a(h) and the regulations at 21 CFR parts 106 and 107.
- B. These formulas are intended for use by infants with special medical or dietary needs.
- C. Medical food includes enteral nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional food is precluded, restricted or inadequate.
 - 1. Not all products that meet the definition of a medical food are WIC eligible.
- D. Low-iron formulas will NOT be provided except for approved special medical conditions.
- E. Infants with a milk allergy are not required to try soy formula prior to issuance of a medical formula.
- F. To issue a medical formula the prescription form is required. See Attachment [Request for Medically Necessary WIC Approved Formulas](#).
 - 1. Prescriptions not contained on this form will be accepted as long as they contain all of the information required for a valid prescription.
 - 2. The prescription will be from a:
 - a. Physician (M.D.)

- b. Doctor of Osteopathy (D.O.)
 - c. Physician Assistant (P.A.)
 - d. Nurse Practitioner (N.P.)
- 3. Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.
- 4. Prescriptions will include:
 - a. Name of participant.
 - b. Date (will be within 30 days of WIC request).
 - c. Specific name of formula or medical food.
 - d. Prescribed amount of the formula or medical food requested.
 - e. Appropriate medical diagnosis/justification warranting the formula or medical food use.
 - f. Length of time the formula or medical food is medically necessary.
 - g. Prescribed supplemental foods including the amount requested (for infants 6 months and older, children and women).
 - h. Signature and contact information of the requesting prescriptive authority.
- 5. Facsimiles (fax) are acceptable.
- 6. Transferring participants from another state with a prescription containing all the required information will be issued formula or medical food for one month until the prescription ends, mid-certification appointment or re-certification; whichever comes first.

G. Approval of Food Package III

- 1. A registered dietitian (RD) will perform an assessment prior to issuance of the medical formula/food and supplementary foods.
- 2. The assessment includes a review of:
 - a. The medical diagnosis or condition which necessitates the need for the formula/food.
 - b. The participant's growth.

MONTANA STATE PLAN & POLICY MANUAL
CHAPTER EIGHT

- c. The participant's feeding skills.
 - d. The participant's dietary intake.
3. Based on the assessment and length of time requested on the prescription, the RD will determine if and how long to authorize the issuance of the formula/food and supplementary foods and when a reassessment will occur.
- a. Formulas/food will not be authorized for longer than the time on the prescription or the certification period, whichever is shorter.
 - b. Contact the State Nutritionist with questions concerning issuance for medical reasons other than those stated or for issuance of a medical formula/food not listed.
 - c. The following conditions do not qualify for approval of Food Package III:
 - 1. Formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.
 - 2. A non-specific formula or food intolerance.
 - 3. Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (i.e. Food Packages IV-IV).
 - 4. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
4. The RD will document the details of each assessment and approval in the participant's folder.

Examples of Common Medical Formulas	Reason for Issuance
Alimentum	Milk and/or soy protein allergy
Nutramigen Enflora	Milk and/or soy protein allergy
Pregestimil	Malabsorption; milk and/or soy protein allergy
Neosure	Prematurity
EnfaCare LIPIL	Prematurity
Similac PM 60/40	Renal, cardiac or other conditions that require lowered mineral intake
Pediasure, Pediasure w/ Fiber and Ensure	Tube-feeding, oral/motor problems or medical conditions which increase nutrient needs (for children over 1 year of age and women)

*Contract formula may be issued to children over the age of 1.

Examples of State Ordered Formulas	Reason for Issuance
ReSource Just for Kids, Resource Just for Kids w/ Fiber, Nutren Junior	Tube feeding, oral motor problems or medical conditions which increase nutrient needs (for children over 1 year of age)
Elecare, Neocate	Severe malabsorption or allergy to intact proteins
Peptamen Junior, Vivonex Pediatric	Severe malabsorption or allergy to intact proteins (for children over 1 year of age)
Metabolic Formulas	Metabolic disorders

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II. Supplemental Foods with Food Package III

- A. Supplemental foods may be issued to a participant receiving medical formula/food.
- B. The supplemental foods which may be issued are those in the standard food package according to participant's age and category.
- C. The supplemental foods provided will not be contraindicated by the justification for the medical formula/food.
 - 1. If this occurs, contact the prescriptive authority (i.e. health care provider) to have prescription reissued.
 - 2. **For example:** Milk will not be issued for a participant receiving Elecare for a milk and/or soy protein allergy.
- D. For participant's 6 months of age and older, the health care provider will indicate if the participant can consume supplementary foods provided by WIC and the amounts of these foods. See Section B of Attachment [Medical Formula Request Form](#).
- E. For infants older than 6 months of age, if the health care provider indicates no supplemental foods are to be provided, then the medical formula will be increased to the 4-5 month infant amount.
- F. Whole milk may be prescribed for children two years of age and older and women for a medical condition requiring additional calories.

**MONTANA STATE PLAN & POLICY MANUAL
CHAPTER EIGHT**

Food Item	Children Younger than 2 Years	Children Age 2 Years and Older
Medical Formula/Food	910 oz.	910 oz.
Milk	Whole 4 gallons	Skim, 1%, 2% or Whole 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	4 14-16 oz. canned	0
Fruits & Vegetables Fruit and vegetable benefit	\$6	\$6

III. Standard Food Package III for Children

IV. Standard Food Package III for Women

Food Item	Pregnant or Substantially Breastfeeding	Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post-delivery)	Fully Breastfeeding or Pregnant w/ Multiples	Fully Breastfeeding Multiples
Medical Food	910 oz.	910 oz.	910 oz.	910 oz.
Milk	Skim, 1%, 2% or Whole 5 1/2 gallons	Skim, 1%, 2% or Whole 4 gallons	Skim, 1%, 2% or Whole 6 gallons	Skim, 1%, 2% or Whole 9 gallon
Cheese	0	0	1 pound	Alternate 1 & 2 pounds every other month
Eggs	1 dozen	1 dozen	2 dozen	Alternate 2 & 3 dozen every other month
Juice	3 11.5-12 oz. frozen (144 ounces) or 3 46-48 oz. bottles	2 11.5-12 oz. frozen (96 ounces) or 2 46-48 oz. bottles	3 11.5-12 oz. frozen (144 ounces) or 3 46-48 oz. bottles	Alternate 4 & 5 11.5-12 oz. frozen (192 ounces) or 4 & 5 46-48 oz. bottles every other month
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grains	1 pound	0	1 pound	Alternate 1 & 2 pounds each month
Peanut Butter	18 oz. peanut butter	18 oz. peanut butter	18 oz. peanut butter	Alternate 18 & 36 oz. every other month
Legumes	4 14-16 oz. canned	0	4 14-16 oz. canned	Alternate 4 & 8 14-16 oz. canned every other month
Fish	0	0	30 oz.	45 oz.
Fruits & Vegetables	\$10	\$10	\$10	\$15

